

**CORE SERVICES PROGRAM  
THREE YEAR PLAN  
(Changes/Modifications)**

**2009 - 2010**

**FOR**

---

**COUNTY(IES)**

## REQUEST FOR STATE APPROVAL OF PLAN

If the three year Core Services Plan is ONLY being submitted for changes/modifications, this page does not have to be signed by required signatures.

This Core Services Plan is hereby submitted for \_\_\_\_\_ [Indicate county name(s) and lead county if this is a multi-county plan], for the period June 1, 2009, through May 31, 2010. The Plan includes the following:

- φ Completed "Statement of Assurances";
- φ Completed Statement of the eight (8) required Core services to be provided or purchased and a list of county optional services, County Designed Program Services, to be provided or purchased;
- φ Completed program description of each proposed "County Designed Service";
- φ Completed "Information on Fees" form;
- φ Completed "Reunification Issues" form;
- φ Completed "Direct Service Delivery" form;
- φ Completed "Purchase of Service Delivery" form;
- φ Completed "Projected Outcomes" form;
- φ Completed "Overhead Cost" form;
- φ Completed "Final Budget Page" form;
- φ Completed "State Board Summary"; and,
- φ Completed "100% Funding Summary" form.

This Core Services Program Plan has been developed in accordance with State Department of Human Services rules and is hereby submitted to the Colorado Department of Human Services, Division of Child Welfare Services for approval. If the enclosed proposed Core Services Program Plan is approved, the Plan will be administered in conformity with its provisions and the provisions of State Department rules.

The person who will act as primary contact person for the Core Services Plan is, \_\_\_\_\_ and can be reached at telephone number \_\_\_\_\_, or e-mail at \_\_\_\_\_.

If two or more counties propose this plan, the required signatures below are to be completed by each county, as appropriate. Please attach an additional signature page as needed.

\_\_\_\_\_  
Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES DATE

\_\_\_\_\_  
Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

\_\_\_\_\_  
Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS DATE

**CORE SERVICES  
STATEMENT OF ASSURANCES**

\_\_\_\_\_ County(ies) assures that, upon approval of the Core Services Program Plan the following will be adhered to in the implementation of the Plan:

**Core Services Assurances:**

- Operation will conform to the provisions of the Plan;
- Operation will conform to State rules;
- Core Services Program Services, provided or purchased, will be accessible to children and their families who meet the eligibility criteria;
- Operation will not discriminate against any individual on the basis of race, sex, national origin, religion, age or mental/physical disability who applies for or receives services through the Core Services program;
- Services will recognize and support cultural and religious background and customs of children and their families;
- Out-of-state travel will not be paid for with Core Services funds;
- All forms used in the completion of the Core Services Plan will be State prescribed or State approved forms;
- Core FTE/Personal Services costs authorized for reimbursement by the State Department will be used only to provide Core Services authorized in the county(ies)' approved Core Services Plan;
- The purchase of services will be in conformity with State purchase of service rules including contract form, content, and monitoring requirements; and
- Information regarding services purchased or provided will be reported to the State Department for program, statistical and financial purposes.

## CORE SERVICES TO BE PROVIDED/PURCHASED

Place an "X" to indicate which of the following Core Services Program Services will be provided/purchased in accordance with State Department rules:

- Home Based Intervention
- Intensive Family Therapy
- Sexual Abuse Treatment Services
- Day Treatment
- Life Skills
- Special Economic Assistance
- Mental Health Services
- Substance Abuse Treatment Services

List below "County Designed Service" that will be provided/purchased in accordance with State Department rules:

### **Additional Funding for Evidenced Based Services to Adolescents**

If the county received additional funding from the additional \$4,028,299 million dollars appropriated to fund evidenced based services to adolescents, and would like to continue to receive the same funding for the same expansion or created of the evidenced based county designed program to adolescents, please indicate that on the Core Plan under **County Designed**. The county must also document historical outcomes with regard to how these specific County Designed services demonstrate effectiveness in reducing the need for higher costs of residential services. The county must follow the requirements set forth in Agency Letter CW-03-21-A, page 6 of the Request for Proposal, under the Needs Assessment, County Designed Description and Projected Outcomes section.

The County Designed Program may be renewed/re-approved at the sole discretion of the State Department, contingent upon funds being appropriated, budgeted and otherwise made available and other contract requirements, if applicable, being satisfied.

If the county did not receive an award or did not apply, the county is welcome to apply by following the requirement set forth in Agency Letter CW-03-21-A. Please submit the Request For Proposal with the Core Services Plan, due August 14th, 2009.

**FAMILY STABILITY SERVICES TO BE PROVIDED/PURCHASED**

Due to budget reallocations for state fiscal year 2008-2009, funding is not available for the Family Stability Services (FSS) based on Senate Bill 01-012. If a county would like to provide Family Stability Services as outlined in Colorado Department of Human Services Staff Manual Volume 7, at 7.310, with Child Welfare Block, Temporary Assistance to Needy Families (TANF), or county only funds, please contact Melinda Cox at 303.866.5962 for details and plan requirements.

**A. Respite Care:** a service to provide temporary care to children who are not in an out-of-home placement through the county departments of social/human services and to their families who request a short break in parenting in order to stabilize family environment. Respite may occur outside of the home and in the home settings for less than 24 hours. The family may choose appropriate respite care providers including, but not limited to, kin, friends and licensed providers depending on the needs of the family and available resources.

**B. In-home Services:** short-term, solution-focused services provided to children who are not in an out-of-home placement through the county departments and to their families, based on their unique needs in order to strengthen the home environment so that children do not need a higher level of intervention or out-of-home placement.

**C. Reintegration Services:** transition services to assist children and families to reintegrate following an out-of-home placement. Service elements would prepare children and their families for successful reunification.

## **CORE SERVICES**

### **COUNTY DESIGNED SERVICE**

Service Name: \_\_\_\_\_

Optional services approved as a part of the county's Core Services Plan are approved on an annual basis. For a County Designed Service to be extended beyond one year, this portion of the plan must be submitted and approved annually by the State Department.

Given that County Designed programs are not standardized across counties, it is important to provide detailed information as outlined below. This information can be used to justify continued funding of the program with the legislature. The information listed below is to be completed for each County Designed Service to be included in the County(ies)' Core Services Program Plan.

1. Describe the service and components of the service; define the goals of the program.
2. Indicate if a new Trails service detail is necessary for this County Designed Program or is the service detail already an option in Trails.
3. Define the eligible population to be served.
4. Define the time frame of the service.
5. Define the workload standard for the program:
  - number of cases per worker,
  - number of workers for the program, and
  - worker to supervisor ratio.
6. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.303.17 for guidelines.
  - Define the performance indicators that will be achieved by the service, see 7.303.18.
  - Identify the service provider.
  - Define the rate of payment (e.g., \$250.00 per month).

## INFORMATION ON CORE SERVICE FEES

Please check all that apply:

Fees will not be assessed for Core Services Program Services.

If above line is checked, **STOP**. Remainder of information does not need to be completed.

The following fees apply for the programs checked above.

Fees will be assessed for the following services: Check those that apply:

- Home Based Intervention
- Intensive Family Therapy
- Sexual Abuse Treatment
- Day Treatment
- Life Skills
- Special Economic Assistance
- Mental Health Services
- Substance Abuse Treatment Services
- County Designed Service (List Services Below)

Fee assessment formula is the same for all services. State the formula here (attach additional sheets as needed).

Fee assessment formula varies with service. State formula used for each service.

## **Reunification and Family-to-Family Issues**

**Please indicate below how the county is addressing Reunification Issues with the children served in the Core Services Program.**

**Also indicate if the county is planning to implement the Family-to-Family philosophies (i.e. team decision making, measuring to outcomes, working with community partners, and recruitment/retention of Foster Parents, etc.). If the county is already implementing Family to Family, please describe the program. If the county is not planning to implement, please describe why.**

**HOME BASED INTERVENTION SERVICES  
 DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM  
 CFMS – Function Code 1700, 1800**

Definition

7.303.1 A Home Based Intervention: Services provided primarily in the home of the client and includes a variety of services which can include therapeutic services, concrete services, collateral services and crisis intervention directed to meet the needs of the child and family.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 10<br>Percent<br>Salary<br>Funded<br>by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|----------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|---|---|--|--|--|
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |   |   |  |  |  |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**INTENSIVE FAMILY THERAPY  
 DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM  
 CFMS – Function Codes 1710, 1810**

Definition

7.303.1 B Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF,<br>FSS,<br>Other<br>(Circle all<br>that apply) | 10<br>Percent<br>Salary<br>Funded by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|----------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|--|--|--|--|--|
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**LIFE SKILLS**  
**DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM**  
**CFMS – Function Codes 1720, 1820**

Definition  
 7.303.1 C

Life Skills: Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF,<br>FSS,<br>Other<br>(Circle all<br>that apply) | 10<br>Percent<br>Salary<br>Funded by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|----------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|--|--|--|--|--|
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**DAY TREATMENT**  
**DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM**  
**CFMS – Function Codes 1730, 1830**

Definition

7.303.1 D Day Treatment: Comprehensive, highly structured services that provide therapy and education for children.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF,<br>FSS,<br>Other<br>(Circle all<br>that apply) | 10<br>Percent<br>Salary<br>Funded by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|----------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|--|--|--|--|--|
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**SEXUAL ABUSE TREATMENT SERVICES  
 DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM  
 CFMS – Function Codes 1740, 1840**

Definition

7.303.1 E Sexual Abuse Treatment: Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee equivalent positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF,<br>FSS,<br>Other<br>(Circle all<br>that apply) | 10<br>Percent<br>Salary<br>Funded by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|----------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|--|--|--|--|--|
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |
|                         |                |                                 |                        |                        |                         |  |  |  |  |  |  |  |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**COUNTY DESIGNED SERVICE  
DIRECT SERVICE DELIVERY – CORE SERVICES PROGRAM  
CFMS – Function Codes 17\_\_ , 18\_\_**

Definition

7.303.1 J County Designed Services: innovative and/or otherwise unavailable service proposed by a county that meets the goals of the Core Services Program.

Indicate information for each line service worker and his/her immediate supervisor for whom Core Services funding is proposed in whole or in part. Include only amounts that are to be charged to Core Services. Staff positions to be included are County Core Services employee positions and employee contract positions.

| 1<br>Position<br>Number | 2<br>Job Title                        | 3<br>Gross<br>Monthly<br>Salary | 4<br>Monthly<br>Fringe | 5<br>Monthly<br>Travel | 6<br>Monthly<br>Operate | 7<br>Percent<br>of<br>Salary<br>Funded<br>by<br>80/20<br><b>1700</b> | 8<br>Percent<br>of Salary<br>Funded<br>by<br>100%<br><b>1800</b> | 9<br>Percent of<br>Salary<br>Funded by<br>TANF,<br>FSS,<br>Other<br>(Circle all<br>that apply) | 10<br>Percent<br>Salary<br>Funded by<br>Regular<br>Admin | 11<br>Total<br>Monthly<br>Direct<br>Service<br>Cost<br>(3+4+5+6) | 12<br>Number<br>of<br>Month<br>of Cost | 13<br>Total<br>Direct<br>Service<br>Cost |
|-------------------------|---------------------------------------|---------------------------------|------------------------|------------------------|-------------------------|--|--|--|--|--|--|--|
|                         | Chaffee Mentors Manager               | \$4,281.42                      |                        |                        |                         | 96%  |  | 4%   |  | \$4,281.42   | 12                                     | \$51,377                                 |
|                         | Chaffee Mentors Coordinator           | \$2,555.75                      |                        |                        |                         | 65%  |  | 35%  |  | \$2,555.75   | 12                                     | \$30,669                                 |
|                         | Youth @ Crossroads Manager            | \$1,053.33                      |                        |                        |                         |  | 24%  | 86%  |  | \$1,053.33   | 12                                     | \$12,640                                 |
|                         | Family & Youth Initiatives Supervisor | \$4,045                         |                        |                        |                         |  | 77%  | 33%  |  | \$4,045  | 12                                     | \$48,540                                 |
|                         | <b>TOTAL</b>                          |                                 |                        |                        |                         |  |  |  |  |  |  | <b>\$143,226</b>                         |

**TOTAL** \_\_\_\_\_

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**HOME BASED INTERVENTION SERVICE  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF,<br>FSS, Other<br>(Circle all<br>that apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x 7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|-----------------------------------|---|---|
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**INTENSIVE FAMILY THERAPY  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**LIFE SKILLS  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**DAY TREATMENT  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**SEXUAL ABUSE TREATMENT  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF,<br>FSS, Other<br>(Circle all<br>that apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**SPECIAL ECONOMIC ASSISTANCE  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**MENTAL HEALTH SERVICES  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF,<br>FSS, Other<br>(Circle all<br>that apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x 7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|-----------------------------------|---|---|
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**SUBSTANCE ABUSE TREATMENT SERVICES  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF, FSS,<br>Other (Circle<br>all that<br>apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|----------------------------------|---|---|
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |
|               |  |  |   |  |  |  |                                  |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

**COUNTY DESIGNED SERVICES  
PURCHASE OF SERVICE  
CORE SERVICES PROGRAM**

Indicate information for each Trails provider from whom Core services are proposed to be purchased.

| PROVIDER NAME | 2<br>Trails<br>Resource/Provider<br>Number | 3<br>Amount of<br>Contract<br>Funded by<br>80/20 | 4<br>Amount of<br>Contract<br>Funded by<br>100% | 5<br>Amount of<br>Contract<br>Funded by<br>TANF,<br>FSS, Other<br>(Circle all<br>that apply) | 6<br>Number<br>of Units<br>of<br>Service/<br>Month | 7<br>Payment<br>Rate per<br>Unit of<br>Service | 8<br>Cost Per<br>Month<br>(6 x 7) | 9<br>Number<br>of<br>Months<br>of<br>Cost | 10<br>Total Cost<br>Per Provider<br>(8 x 9) |
|---------------|--|--|---|--|--|--|-----------------------------------|---|---|
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |
|               |  |  |   |  |  |  |                                   |   |   |

**TOTAL** \_\_\_\_\_

Identification of unit is: H = Hourly, D = Daily, W = Weekly, M = Monthly, E = Episode

Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7, at 7.414(B))

PROJECTED CORE SERVICES OUTCOMES FOR  
PERFORMANCE INDICATORS  
FOR FY 2009-2010

| Service                     | Over 85% <sup>1</sup> | 85%-25% <sup>2</sup> | Under 25% <sup>3</sup> | Total Clients Served |
|-----------------------------|-----------------------|----------------------|------------------------|----------------------|
| Home Base                   |                       |                      |                        |                      |
| Intensive Family Therapy    |                       |                      |                        |                      |
| Life Skills                 |                       |                      |                        |                      |
| Day Treatment               |                       |                      |                        |                      |
| Sexual Abuse Treatment      |                       |                      |                        |                      |
| Mental Health Treatment     |                       |                      |                        |                      |
| Substance Abuse Treatment   |                       |                      |                        |                      |
| Special Economic Assistance |                       |                      |                        |                      |
| County Design (List)        |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |
|                             |                       |                      |                        |                      |

<sup>1</sup>= Client meets 86% or more of the treatment goals

<sup>2</sup>= Client meets between 85%-25% of the treatment goals

<sup>3</sup>= Client meets 24% or less of the treatment goals

**CORE SERVICES PROGRAM  
OVERHEAD COST**

|    |                                       |  |          |
|----|---------------------------------------|--|----------|
| 1. | <u>DIRECT SERVICE</u>                 |  |          |
|    | A.                                    | Total Salary/Fringe/Travel/Operating Costs of Line Service Workers and their Immediate Supervisors |          |
|    | B.                                    | Formula Percentage Allowed for Overhead Costs  | 15%      |
|    | C.                                    | Provided Service Overhead Costs (A X B)  |          |
| 2. | <u>PURCHASED SERVICE</u>              |  |          |
|    | A.                                    | Purchased Service Dollar Amount  |          |
|    | B.                                    | Formula Percentage Allowed for Overhead Costs  |          |
|    |                                       | \$0 - 50,000 = 5%                      \$50,001 -100,000 = 4.9%                                    |          |
|    |                                       | For each \$50,000 (in total expenditure) increase the overhead decreases by .1 %.                  |          |
|    | C.                                    | Allowed Amount for Overhead Costs (A X B)  |          |
|    | D.                                    | Base Overhead Cost Allowed   | \$500.00 |
|    | E.                                    | Purchased Service Overhead Costs (C + D)   |          |
| 3. | <u>TOTAL OVERHEAD COSTS (1C + 2E)</u> |  |          |

| DISTRIBUTION OF OVERHEAD COSTS AMONG SERVICES* |                                 |                                  |                      |
|--|---------------------------------|----------------------------------|----------------------|
| SERVICE  | Provided Service Overhead Costs | Purchased Service Overhead Costs | Total Overhead Costs |
| 1. Home Based Intervention                     |                                 |                                  |                      |
| 2. Intensive Family Therapy                    |                                 |                                  |                      |
| 3. Sexual Abuse Treatment                      |                                 |                                  |                      |
| 4. Day Treatment                               |                                 |                                  |                      |
| 5. Life Skills                                 |                                 |                                  |                      |
| 6. County Designed Service                     |                                 |                                  |                      |
|  |                                 |                                  |                      |
| <b>COLUMN TOTALS</b>                           |                                 |                                  |                      |

\* Formula to determine overhead cost by service:  
 Step 1: total provided service cost (by service) x 15% = provided service overhead cost  
 Step 2: total purchased service cost (by service) x % listed in 2B = Y  
           \$500 divided by the number of purchased service = Z, then Y + Z = overhead cost  
 Step 3: Provided service overhead cost plus purchased service overhead cost equals total overhead cost.

## GENERIC COST SUMMARY SHEET

- |     |   |       |
|-----|---|-------|
| 1.  | Account Code  | _____ |
| 2.  | Total number of children to be served by provided services  | _____ |
| 3.  | Total number of children to be served by purchased services   | _____ |
| 4.  | Average number of children (total 2 +3÷12) to be served monthly   | _____ |
| 5.  | Total number of families to be served   | _____ |
| 6.  | Average number of families to be served monthly   | _____ |
| 7.  | Employee FTE number (should be the total staff listed on Direct Service Delivery Page)  | _____ |
| 8.  | Provided cost   | _____ |
|     | Overhead cost (From Overhead cost summary sheet)  | _____ |
|     | <b>Total provided cost</b>  | _____ |
| 9.  | Monthly provided cost per child<br>[this is determined by dividing the total provided cost by the number of children to be served from provided services and then dividing that total by the number of months the service will be provided.]    | _____ |
| 10. | Purchased cost  | _____ |
|     | Overhead cost (From Overhead cost summary sheet)  | _____ |
|     | <b>Total purchased cost</b>   | _____ |
| 11. | Monthly purchased cost per child<br>[this is determined by dividing the total purchased cost by the number of children to be served from purchased services and then dividing that total by the number of months the service will be provided.] | _____ |
| 12. | <b>TOTAL COST REQUESTED [Total provided cost<br/>Total purchased cost]</b>  | _____ |
| 13. | Total 80/20 service cost requested  | _____ |
| 14. | Total 100% service cost requested   | _____ |





**PURCHASE OF SERVICE CONTRACT  
Core Services Program**

1. THIS CONTRACT, made this \_\_\_\_\_ day of \_\_\_\_\_, 200\_ by and between the \_\_\_\_\_ County Department of Social Services at \_\_\_\_\_, hereinafter called "County" and \_\_\_\_\_ (address) \_\_\_\_\_ (name) \_\_\_\_\_ (address) \_\_\_\_\_, hereinafter called "Contractor". (Tax I.D. or Social Security Number)

2. This contract will be effective from \_\_\_\_\_ until \_\_\_\_\_

3. County agrees to purchase and Contractor agrees to provide

(Core Service)  
to \_\_\_\_\_ at \_\_\_\_\_ at other such \_\_\_\_\_ (population to be served) \_\_\_\_\_ (location service is to be provided) location as shall facilitate the provision of such services. This service is described in Staff Manual Volume 7, Section 7.303.1 \_\_\_\_\_, and, if appropriate, the State approved County Core Service Plan.

4. County agrees to purchase and contractor agrees to furnish \_\_\_\_\_ units of \_\_\_\_\_ service at the cost of \_\_\_\_\_ per unit of service for a maximum amount of this contract of \$ \_\_\_\_\_.

5. The parties agree that the Contractor's relationship to the county is that of an independent Contractor.

6. The parties agree that payment pursuant to this Contract is subject to and contingent upon the continuing availability of funds for the purpose thereof.

7. County agrees:

- a) To determine child eligibility and as appropriate, to provide information regarding rights to fair hearings
- b) To provide Contractor with written prior authorization on a child or family basis for services to be purchased.
- c) To provide Contractor with referral information including name and address of family, social, medical, and educational information as appropriate to the referral.
- d) To monitor the provision of contracted service.
- e) To pay Contractor after receipt of billing statements for services rendered satisfactorily and in accordance with this Contract.

8. Contractor agrees:

- a) Not to assign any provision of this Contract to a subcontractor.
- b) Not to charge clients any fees related to services provided under this contract.
- c) To hold the necessary license(s) which permits the performance of the service to be purchased, and/or to meet applicable State Department of Human Services qualification requirements.
- d) To comply with the requirements of the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 concerning discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap.
- e) To provide the service described herein at cost not greater than that charged to other persons in the same community.
- f) To submit a billing statement in a timely manner, no later than 45 days after services. Failure to do so may result in nonpayment.
- g) To safe guard information and confidentiality of the child and the child's family in accordance with rules of the Colorado Department of Human Services and the County Department of Social Services.
- h) To provide County with reports on the provision of services as follows:

- Within \_\_\_\_\_ weeks of enrollment/participation, submission of a treatment plan for the child/child's family with specific objectives and target dates. The treatment plan is subject to county approval.
- At intervals of \_\_\_\_\_ months, from the time of enrollment/participation, submit reports that include progress and barriers in achieving provisions of the treatment plan.

- i) To provide access for any duly authorized representative of the County or the Colorado Department of Human Services until the expiration of five (5) years after the final payment under this Contract, involving transactions related to this Contract.
- j) Indemnify County, Colorado Department of Human Services from the action based upon or arising out of damage or injury, including death, to persons or property caused or sustained in connection with the performance of this contract or by conditions created thereby, or based upon any violation of any statute, regulation, and the defense of any such claims or actions.

9. In addition to the foregoing, the County and Contractor also agree:

- Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Volume 7 rule, at 7.414, B (12 CCR 2509-5).

---



---



---



---



---

10. Termination: Either party may terminate this Contract by thirty (30) days prior notification in writing.

\_\_\_\_\_  
County Director's Signature

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's Title

\_\_\_\_\_  
Date

Original to Contractor  
Copy to the Case File  
Copy to County Bookkeeping  
Copy to State Accounting